

St Anne's Community Services

St Anne's Community Services - Heatherstones

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Heatherstones is a residential home providing personal and nursing care to people with learning and physical disabilities. The service can accommodate up to a maximum of 8 people. At the time of our inspection, there was 7 people using the service. The home accommodates people on one floor with communal areas and bathrooms.

People's experience of using this service and what we found

Right Support: Medicines were not managed safely. We found concerns with medication administration records, controlled drugs, and use of thickeners. There was no call bell system in place. It was unclear how staff were alerted of any emergencies or upon request by people. It was unclear if and how people had been involved in making decisions about their care. There was no evidence in care plans of this. There was a lack of involvement from people around choosing their meals. The service cared for people in a clean and well-maintained environment that met their physical needs. Safety checks were taking place on the equipment. Personal emergency evacuation plans had been updated to include more information about how people should be supported. People were not always supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: People were safeguarded from the risk of abuse. People had care plans and risk assessments in place outlining how they should be supported. People were supported to routine health appointments. Health concerns were raised with professionals promptly. Staff supported people in a dignified way. Appropriate DoLs applications were in place for people.

Right Culture: There was no use of signs, pictures or aids to navigate people around the home. We made a recommendation that easy read signs are used around the home to orientate people. There was a lack of documents available in different formats for those who had communication needs. Attempts were made to gather feedback from people; however, this did not capture everyone's views as the surveys were not adapted to those who were non-verbal. Staff were able to request additional training and support if needed. Staff felt supported by the registered manager and had received regular supervisions. People were supported to maintain relationships with their families and friends and take part in meaningful activities at the service and in the community.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 8 August 2018).

Why we inspected

We inspected due to the length of time since the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to management of medicines, communication and audit systems at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St Anne's Community Services - Heatherstones

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Heatherstones is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Heatherstones is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, the local health and care partnership, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service, 3 relatives and 6 members of staff including the registered manager. We reviewed a range of records. This included 4 people's care records and multiple people's medicine records. We looked at 3 staff recruitment files and a variety of records relating to the management of the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not managed safely.
- Medicine administration records demonstrated that people did not always receive medicines as prescribed. We found that people had missed doses of some medicines, stock did not match records and weekly stock check discrepancies had not been investigated. Stock had been corrected for a rescue medicine, with no evidence that it had been administered.
- Controlled drugs were not managed safely. Staff had not completed the controlled drugs register accurately in line with national guidelines. A pain patch had been applied twice without a witness signature and had been applied late on one occasion.
- Staff did not record when thickener powder was added to drinks for people who were at risk of choking. We asked 2 staff who told us different thickening requirements for people and one person's MAR did not match the product being administered.
- We did not see annual competency training records for all staff who administered medicines, so we could not be sure this was always done properly.

We found no evidence of harm but these issues demonstrate a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staffing levels were safe, and staff felt there were enough staff on duty.
- There were safe systems to recruitment staff in place. Required checks had been undertaken prior to people commencing employment. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded from the risk of abuse.
- Relatives and people felt safe at Heatherstones. One relative told us they felt happy and had piece of mind knowing their loved one was safe. A resident said, "I feel safe here because [staff] look after me here, before I came here, I used to be frightened all the time."
- Staff had received training in safeguarding.
- Staff had knowledge of how to respond to incidents. One staff member told us, "I would take immediate action, make sure the resident is safe, report to appropriate people and agencies."

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed.
- Staff were aware of people's risks. A staff member told us, "A lot of clients we have here have issues with their health, so we need to assure this has been assessed such as choking. We need to make sure they are safe."
- Equipment was maintained, and the required health and safety checks had been completed.
- Personal emergency evacuation plans [PEEPs] were in place but lacked detail around how people would be evacuated, the provider took immediate action to address this and updated all PEEPS to include more detail for staff to follow.

Preventing and controlling infection

- People were protected from the risk of infection.
- The home was clean.
- People were able to receive visitors without restrictions in line with best practice guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed, and their weights regularly monitored to identify people at risk of losing weight.
- People were not always offered a choice of what they wanted to eat. Staff made decisions about meals.
- No adapted menus were in place at the time of the inspection to support people to choose what they wanted to eat. Since the inspection, we have received examples of easy read pictorial menus.

Adapting service, design, decoration to meet people's needs

- The service was clean and tidy, there were lots of personal items and photographs around the home and in people's bedrooms. Rooms had been personalised to people's preferences.
- The layout of the building created separation of staff and residents in different areas of the building. We noted there was no call bell system in place, it was unclear how staff would respond to an emergency when they were based on one side of the building.
- There was no use of signs, pictures or aids to navigate people around the home.

We recommend the provider reviews the environment in-line with current guidance to ensure it meets people's needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had care plans and risk assessments in place outlining how they should be supported.
- We reviewed a diabetes care plan which included information around how the person should be supported to manage their health condition.
- Record keeping lacked detail around what care had been provided. The registered manager took prompt action to address this in a team meeting following our inspection visit.

Staff support: induction, training, skills and experience

- Staff received an induction, training and support they needed to carry out their roles, this also included training in managing challenging behaviours and relevant health conditions.
- Staff told us additional training would be made available if needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health needs were being met, there was regular contact with the GP.
- A number of health professionals were involved in people's care; people were supported to attend routine appointments and regular reviews.
- Staff supported people to access emergency medical attention when needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager was working in line with the Mental Capacity Act.
- Capacity assessments were carried out and, where necessary meetings had been held to ensure any decisions were made in people's best interests.
- Appropriate DoLS applications had been made when required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- There was a lack of interaction between staff and people. During the day staff spent majority of their time in the main kitchen and not in communal areas or with people in their bedrooms.
- Lack of interaction with people was noted by a relative, they said, "I just wish the staff would take a bit more time to sit and talk to [person], It would be nice to give [person] a bit more time."
- We did not observe staff encouraging independence with people, there was no exploration of tasks people could be involved in to promote their skills and independence.
- Staff knew how to promote people's dignity when providing care. One staff member said, "Ask the resident if it is ok what you are doing, keep them covered, keep the care dignified and be respectful."

Supporting people to express their views and be involved in making decisions about their care

- People were not always supported to express their views. Although the provider sought some feedback via surveys, the survey was only available in one format, people's communication needs and techniques were not considered so the survey did not fully capture people's opinions and views.
- It was unclear if and how people and been involved in making decisions about the care. There was no evidence in care plans of this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans had been reviewed regularly. Care plans contained information about people's likes, dislikes and wishes.
- Staff were knowledgeable about people's individual preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with their families and friends.
- People were supported to take part in activities at home and in the community. One staff member said, "We go for walks or to the park. People like this a lot, we go to events in the community such as dogs shows or the circus."
- Friends and families were encouraged to take part in activities. A staff member told us, "During the summer we get the hot tub out, everyone likes this, families join in too." One person told us they enjoyed it when their friend could visit them in the summer house.
- Relatives felt their loved ones took part in meaningful activities. One relative told us, "[Person] has lots of involvement in activities. The home has links with local groups, and they have a regular singer that comes in and visits."

Improving care quality in response to complaints or concerns

- There was an appropriate concerns and complaints process in place. People and relatives were able to raise complaints if needed.
- Complaints were investigated, and any lessons learnt were implemented and relayed to staff.

End of life care and support

- End of life care arrangements were in place to ensure people had a comfortable and dignified death.
- The service worked with families and people to assess and document their end of life wishes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Feedback from client's surveys concluded people looking disengaged during the survey. The survey was not available in other formats apart from staff members speaking to people.
- During the inspection process we only saw one easy read document, information was not available in other formats to meet individual communication needs. Since the inspection we have received examples of easy read documents, such as care plans.
- People who did not communicate verbally had communication support plans in place outlining how they communicated.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Accidents and incidents were recorded however, there was no overall analysis identifying any patterns or trends which could be addressed, and subsequently reduce any apparent risks.
- Monthly medicine audits took place; however, these were not comprehensive and had not found the issues we found during this inspection. There had not been enough learning from a previous medicines error as it had re-occurred.

The provider's quality systems were not robust enough to assess, monitor and improve the service This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- During our visits, we found there was a lack of interaction between staff and people which was not inclusive and empowering. We made the registered manager aware of this who promptly addressed this with the team.
- Relatives felt the home kept them informed about their loved ones. One relative told us they were kept informed and up to date with communication from health professionals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People had completed a satisfaction survey, there was no evidence of any follow up action taken following the findings.
- The service worked in partnership with health care professionals.
- The home was supported by the directors and a quality lead.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their duty of candour, to be open and honest when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff felt supported by the registered manager and had received regular supervisions.

- There were regular staff meetings which covered relevant aspects and learning.
- Relatives felt the service was managed well. One relative said, "A lot of staff have been here a good number of years so what does that tell you. They must be happy at what they do and I put this down to good management."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to robustly manage the use of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to assess, monitor and improve the service were not in place or sufficiently robust.